

C. L. "BUTCH" OTTER- Governor RICHARD M, ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

Certified Mail: 7007 0710 0002 7979 0642

November 19, 2009

Thair Pond Tomorrow's Hope - Armga 1655 Fairview Avenue, Suite 100 Boise, ID 83702

RE:

Tomorrow's Hope - Armga, Provider #13G014

Dear Mr. Pond:

Based on the Medicaid/Licensure survey completed at Tomorrow's Hope - Armga on November 9, 2009, by our staff, we have determined that Tomorrow's Hope - Armga is out of compliance with the Medicaid Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Condition of Participation on Active Treatment Services (42 CFR 483.440). To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this Condition to be unmet, substantially limit the capacity of Tomorrow's Hope - Armga to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before <u>December 24, 2009</u>. To allow time for a revisit to verify corrections prior to that date, your <u>Credible Allegation must be received in this office no later than December 15, 2009</u>.

Thair Pond November 19, 2009 Page 2 of 3

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Also, pursuant to the provisions of <u>IDAPA 16.03.11.320.04</u>, Tomorrow's Hope - Armga ICF/MR is being issued a Provisional Intermediate Care Facility for Persons with Mental Retardation license. The license is enclosed and is effective November 9, 2009, through March 9, 2010. The conditions of the Provisional License are as follows:

- 1. Post the provisional license.
- 2. Correct all cited deficiencies and maintain compliance.

Please be aware that failure to comply with the conditions of the provisional license may result in further action being taken against the facility's license pursuant to <u>IDAPA 16.03.11.350</u>.

Thair Pond November 19, 2009 Page 3 of 3

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by **December 17**, 2009. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator Division of Medicaid -- DHW P.O. Box 83720 Boise, ID 83720-0036 phone: (208) 364-1804

fax: (208) 364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues which are not raised at an administrative review may not later be raised at higher level hearings (IDAPA 16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by December 2, 2009. If a request for informal dispute resolution is received after December 2, 2009 the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208) 334-6626.

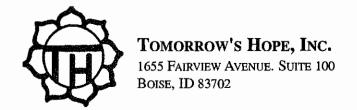
Sincerely,

NICOLE WISENOR Co-Supervisor

Non-Long Term Care

NW/mlw

Enclosures



PHONE: (208) 319-0760 FAX: (208) 319-0765

Nicole Wisenor Co-Supervisor Non Long Term Care Bureau of Facility Standards PO Box 83720 Boise, Idaho 83720-0036

RECEIVED

DEC 0 1 2009

24 November 2009

FACILITY STANDARDS

RE: Statement of Corrections for Armga ICF/MR

Dear Ms. Wisenor,

Please accept this as our letter of Credible Allegation that corrections of deficiencies found during the recent survey of our Armga ICF/MR have been or will be made by 12/11/09.

We believe we have made corrections and will be ready for your survey to assure compliance. If you have any questions, please call me at the above numbers.

Sincerely,

Thair Pond Administrator

Incl.

CC file, Armga,

PRINTED: 11/18/2009 FORM APPROVED OMB NO. 0938-0391

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	The survey was co	MRP, Team Lead			RECEIVE	Ð	
	l	ions/symbols used in this	DEC 0 1 2009				
	IPP - Individual Pro LPN - Licensed Pra PQ - Para Qualified Professional QMRP - Qualified N	actical Nurse d Mental Retardation			FACILITY STANDA	RDS	
W 100	Professional 440.150(c) ICF SE INSTITUTIONS	RVICES OTHER THAN IN	W 1	00	W100 Refer to Tag W195		
	services in an instit (hereafter referred facilities for person persons with relate (1) The primary pur provide health or re mentally retarded in related conditions; (2) The institution in E of Part 442 of this (3) The mentally re	rpose of the institution is to chabilitative services for andividuals or persons with meets the standards in Subpart is Chapter; and tarded recipient for whom and is receiving active					
	Based on observat	is not met as evidenced by: ion, record review, and staff					
LABORATORY	Y DIRECTOR'S OR PROVII	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Thair Pond Administrator, 11/24/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (2)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 196	continuous active to 2. Refer to W249 a failure to ensure ind services consistent 483.440(a)(1) ACTI Each client must re treatment program, consistent impleme specialized and ger	s it relates to the facility's fividuals received training and with their IPPs.	W	196				

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W 196	the client to function determination and i (ii) The prevention or loss of current operation of loss of loss of current operation of loss o	of the behaviors necessary for n with as much self independence as possible; and or deceleration of regression primal functional status.  Is not met as evidenced by: ions, record review, and staff etermined the facility failed to lual was provided with insistent active treatment ant settings for 4 of 5 iols #1, #2, #4 and #5) whose rograms were reviewed. That individuals not receiving training issary to promote independence developmental potential. The PP, dated 7/8/09, documented e diagnosed with profound autism, seizure disorder, and conducted at the facility on 9 for a cumulative 4 hours 23 day shift with the following was conducted on 11/3/09 from uring that time, Individual #1 to participate in skill-building or	W	196	W196 Staff trained to ensure each resider provided with continuous and contactive treatment. Staff to read cur and reinact what could be done diffeach deficiency to be in compliance trained during staff meetiings and cobservations and training on the flostaff understand how to provide active attreatment.  Para Q and Q responsible by 11 PQ, Q, and other professional staff at least weekly and train staff how active treatment. Observations, co and training to be documented usin PSR are to be reviewed during mon reviews and needed corrections to laction list to be corrected by next Q PQ and Q responsible by 12/11/09	sistent rent Survey erent for PQ and Q luring or to ensure dive /24/09 to observe to provide rections, ag PSRs. thly QA be added to	

NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - ARMGA  SUMMARY STATEMENT OF DEPICIENCES PREFIX ARMGA DRIVE MERIDIAN, ID 83642  W 196 Continued From page 3 earphones on, intermittently, she was noted to rock back and forth. Staff was noted to trock back and forth. Staff was noted to trock back and forth. Staff was noted to rock back and forth. Staff was noted to trock back invited to the listening to her iProd and paced briefly in front of the kitchen sliding door.  2:15 - 2:17 p.m.: Individual #1 returned to the back living room resuming her previous position on the couch, and listened to her iProd. She was not offered or encouraged to participate in any other skill-building or meaningful activity. Her Daytreatment Schedule, dated 10/09, stated she was to be offered activities every 15 minutes to encourage hor to socialize.  Viven asked about the observation, the QMRP stated during interview on 11/6/09 from 1:50 - 3:45 p.m., all staff had been trained that "Every opportunity is all earning opportunity and individual should be encouraged to participate in all activities of daily living to the fullest extent of their abilities." The QMRP stated formal and informal training as identified in her IPP and Medical and Social Assessment should have been implemented. The QMRP stated she believed the staff were nervous.  b. An observation was conducted on 11/4/09 from 7:47 - 9:02 a.m. During that time, Individual #1 was not observed to participate in skill-building or meaningful activity as follows:		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
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W 196	sitting on the couch listening to her iPool Intermittently, she wistening to music. 7:48 a.m. and 8:07 breakfast. She did informed her they wiminutes after the 7: was not noted to refurther, at 8:07 a.m. noted to be launder When asked, the st (Individual #1) had night. Individual #1 encouraged to charwith laundering the 8:15 - 8:32 a.m.: (stroom).  8:32 - 9:02 a.m.: Instituting on the couch listening to her iPoor rock back and forth was not offered or eany other skill-build.  During the 58 minutionserved, she was functional activities.  When asked about stated during intervia: 3:45 p.m., formal aridentified in her IPP Assessment should.	dividual #1 was observed in the back living room if with earphones on. would rock back and forth while She was asked two times (at a.m.) if she wanted to eat not respond. The staff person would come back in five 48 a.m. interaction. The staff turn until 8:07 a.m.  In, a second staff person was ing Individual #1's bedding. Eaff person stated she soiled her bed during the was not prompted or nige her bed linens or assist m.  Jurvey team in medication  dividual #1 was observed in the back living room in the	W	196			

TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 196  Continued From page 5 nervous.  2. Individual #2's IPP, dated 3/26/09, documented a 27 year old male diagnosed with moderate mental retardation, autism, cerebral palsy, Fetal Alcohol Syndrome, and seizure disorder.  Observations were conducted at the facility on 11/3/09 and 11/4/09 for a cumulative 4 hours 23 minutes during the day shift with the following results:  a. An observation was conducted on 11/3/09 from 1:50 - 2:47 p.m. During that time, Individual #2 was not observed to participate in skill-building or meaningful activity as follows:  1:50 - 1:58 p.m.: Individual #2 was noted to be sitting on the couch in the television room, holding a magazine.  1:58 - 2:08 p.m. Individual #2 was noted to stand		F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
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2:08 - 2:20 p.m.: Individual #2 was noted to stand and walk to the television room. He sat on the couch and held his magazine.  2:20 - 2:43 p.m. Individual #2 was noted to stand and walk to the front living room. He sat on the couch and held his magazine. He sat on the couch and held his magazine. At 2:24 p.m., the PQ, who was present, was noted to read a book to him that ended at 2:28 p.m. Individual #2 was noted to continue to sit on the couch and hold his magazine.  2:43 - 2:47 p.m.: Individual #2 was noted to stand and walk to the kitchen. Staff offered him toast	W 196	nervous.  2. Individual #2's IP a 27 year old male mental retardation, Alcohol Syndrome, Observations were 11/3/09 and 11/4/05 minutes during the results:  a. An observation with 1:50 - 2:47 p.m. Downs not observed to meaningful activity 1:50 - 1:58 p.m.: Incisiting on the couch a magazine.  1:58 - 2:08 p.m. Indiand walk to the froncouch and held his 2:08 - 2:20 p.m.: Indiand walk to the tele couch and held his 2:20 - 2:43 p.m. Indiand walk to the froncouch and held his PQ, who was prese to him that ended a noted to continue to magazine.	PP, dated 3/26/09, documented diagnosed with moderate autism, cerebral palsy, Fetal and seizure disorder.  conducted at the facility on 9 for a cumulative 4 hours 23 day shift with the following vas conducted on 11/3/09 from uring that time, Individual #2 o participate in skill-building or as follows:  dividual #2 was noted to be in the television room, holding dividual #2 was noted to stand at living room. He sat on the magazine.  dividual #2 was noted to stand evision room. He sat on the magazine.  dividual #2 was noted to stand evision room. He sat on the magazine.  dividual #2 was noted to stand evision room. He sat on the magazine.  At 2:24 p.m., the ent, was noted to read a book to 2:28 p.m. Individual #2 was o sit on the couch and hold his dividual #2 was noted to stand ent, was noted to read a book to 2:28 p.m. Individual #2 was o sit on the couch and hold his	W	196			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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.,	ROVIDER OR SUPPLIER	A	luwwb.	1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X6) COMPLETION OATE
W 196	assisted to the dining his bowl of oatmeal three apple slices wo oatmeal. Individual proceeded to wand room, his bedroom, 8:46 - 8:53 a.m.: Imprompted to go to the did. Once in the roal chair in the entrarecould not leave the noted to wander are set of the county of t	dividual #2 was physically ng table and a staff offered him. It was noted that yogurt and were added to the top of the #2 stood, left the table, and er between the television, and the living room.  dividual #2 was verbally he television room, which he om, a staff was noted to place nice such that Individual #2 room. Individual #2 was bound the room.  dividual #2 was verbally he medication room, which he television room, which he medication room, which he medication room, which he television, Individual #2 actional activity for a total of 26 action of medications and	W	196			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) OATE SU COMPLE	
		13G014	B. WI	IG _		11/0	9/2009
NAME OF F	ROVIDER OR SUPPLIER	A4			REET ADDRESS, CITY, STATE, ZIP CODE		
TOMOR	ROW'S HOPE - ARMG	A			MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	he was physically a order to play a boar the living room. He in the game.  11:30 - 11:38 a.m.: obtained a magazir table. He took the the television room to the kitchen where go to the living room He walked into the table. He was verb on the board game prompted two addit which he did.  11:38 - 11:54 a.m.: sat on the couch, he	ssisted to the living room in a game. He sat at the table in was not noted to participate.  Individual #2 stood and he which was lying on the magazine and proceeded to At 11:33 a.m., he walked in he he was verbally prompted to he as staff was preparing lunch. Iliving room and sat at the ally prompted to spin the dial which he did. He was verbally ional times to spin the dial,  Individual #2 left the table and olding a magazine.  Individual #2 stood and sion room where he sat on the	W	196			
	11:56 a.m 12:03 pwalked to the living couch, holding his rwas verbally promp He did not respond.  12:03 - 12:08 p.m.: walked to the televicouch, holding his rwalked to the living couch, holding his recouch, holding his recouch.	p.m.: Individual #2 stood and room where he sat on the magazine. At 12:01 p.m., he ted to go outside with staff.  Individual #2 stood and sion room where he sat on the magazine.  Individual #2 stood and room where he sat on the					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		13G014	B. Wii	NG_	<del></del>	11/0	9/2009
	ROVIDER OR SUPPLIER	<b>A</b>	2	1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	walked to the televiliving room, where Ihis magazine.  12:17 - 12:35 p.m.: sit at the dining table verbally prompted to and cheese and a hidd. He poured him proceeded to eat luprompted or encourassist in preparing It.  12:35 - 12:43 p.m.: have finished eating took his dishes to the proceeded to the batter of the sation of the sation of the couch be sat on the couch be sat on the couch look his dishes to the proceeded to the batter of the sation of the sation of the sation of the couch look his dishes to the proceeded to the batter of the sation of the sation of the couch look his dishes to the proceeded to the batter of the sation of the sation of the couch look his dishes and used the when asked about stated during intervious.  3. Individual #4's IP.	Individual #2 was prompted to be which he did. He was on place a serving of macaroni not dog on his plate which he aself a glass of milk. He nnch. He was not noted to be raged to wash his hands or nis lunch.  Individual #2 was noted to g. With verbal prompts, he he kitchen counter and then athroom.  Individual #2 came out of the eeded to the living room where he.  6 minute observation, magaged in functional activity utes (ate lunch, bussed his e restroom).  the observation, the QMRP few on 11/6/09 from 1:50 and informal training as and Medical and Social have been implemented. The diagnosed with profound	W	196			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULT{PI LDING	E CONSTRUCTION	(X3) DATE SI COMPLE		
		13G014	B. WI	1G		11/0	9/2009	
	ROVIDER OR SUPPLIER	SA		123	ET ADDRESS, CITY, STATE, ZIP CODE 806 WEST ARMGA DRIVE ERIDIAN, ID 83642			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 196	Observations were 11/3/09 and 11/4/09 minutes during the results:  a. An observation v 1:50 - 2:47 p.m. Do was not observed to meaningful activity  1:50 - 1:55 p.m.: In the living room. He coat.  1:55 - 1:58 p.m.: In he was noted to was noted to was noted to wand dining room, and te 2:11 - 2:20 p.m.: In He was prompted to which he did. He whis coat and proceeded to wander are 1:20 - 2:25 p.m.: In went to the living roproceeded to wander are 1:25 - 2:40 p.m.: In went to the living roproceeded to wand dining room, and te 1:25 - 2:40 p.m.: In bedroom and came went to the living rothe magazine. At 2 coat and with a vertical coat and vert	conducted at the facility on 9 for a cumulative 4 hours 23 day shift with the following was conducted on 11/3/09 from uring that time, Individual #4 o participate in skill-building or as follows:  dividual #4 sat on the couch in was noted to be wearing his dividual #4 went outside where ander around the back yard.  dividual #4 came inside and som. He removed his coat and er between the living room, elevision room.  dividual #4 walked outside. The was physically assisted to zip eded back outside. He was bound the back yard.  dividual #4 came inside and som. He removed his coat and er between the living room, the removed his coat and the back yard.	W.	196				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		TIPLE CONSTRUCTION	(X3) DATE SL COMPLE	
		13G014	B. WII			11/0	9/2009
	ROVIDER OR SUPPLIER	A		1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	noted to wander are magazine.  2:40 - 2:44 p.m.: Inwas prompted to si did. Staff prepared three-cheese spreaths snack which he prompted or encourassist in preparing 2:44 - 2:47 p.m.: Inwas noted to purposeeded to wand dining room, and terminates (ate his snaw was engaged in furminates of daily their abilities." The informal training as Medical and Social been implemented, believed the staff was not observed to meaningful activity are was not observed to	dividual #4 came inside and that the dining table, which he an onion roll, cut in half, with ad. Individual #4 was served ate. He was not noted to be raged to wash his hands or his snack.  dividual #4 finished his snack. It his plate in the sink and er between the living room, levision room.  It observation, Individual #4 actional activity for a total of 3 ack).  Ithe observation, the QMRP iew on 11/6/09 from 1:50 - and been trained that "Every ming opportunity and be encouraged to participate in living to the fullest extent of QMRP stated formal and identified in his IPP and Assessment should have The QMRP stated she ere nervous.	W -	196			

Cim1 V 1 3mm1	TO I OIL INCOME	C WILDIONS OF COLO				T - (1112)	0000 000
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		13G014	B. WII	₩		11/09	)/2009
	ROVIDER OR SUPPLIER	i <b>A</b>		1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	Continued From paragazine.  8:44 - 9:00 a.m.: Imprompted to go to the and wandered arouse.  By the entrance such the couch. A staff of the entrance such the leave the room.  During the 1 hour 2 Individual #4 was notivity.  When asked about stated during interval 3:45 p.m., formal aidentified in his IPP Assessment should The QMRP stated shervous.  C. An observation with 1:24 a.m 12:50 Individual #4 was not skill-building or mean the sat at the table at the game.		W		DEFICIENCY)		
		ove his game piece 3 spaces					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		13G014	B. WIN	NG_		11/09	9/2009
	ROVIDER OR SUPPLIER	iA		1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	on the game board fashion. He was the two different cities of respond.  11:35 - 11:45 a.m.: in the living room.  11:45 a.m 12:03 prompted to put on 11:46 a.m., he left to staff.  12:03 - 12:15 p.m.: facility. He went in a magazine, and safe were placed on the individual #4 was not macaroni and chee and yogurt on his plunch. He was not encouraged to was preparing his lunch.  12:29 - 12:34 p.m.: have finished his lunkitchen sink and the 12:34 - 12:50 p.m.: bathroom. He procliving room, dining a During the 86 minut was engaged in fun	which he did in a random en verbally prompted to find on the board. He did not Individual #4 sat at the table  p.m.: Individual #4 was his coat which he did. At the facility to go for a walk with Individual #4 returned to the to the television room, located at on the couch.  Individual #4 went in to the at the table. Lunch items table, and at 12:17 p.m., oted to place a serving of se, a hot dog, fruit cocktail, late. He proceeded to eat noted to be prompted or h his hands or assist in .  Individual #4 was noted to nch. He took his dishes to the en went in to the bathroom.  Individual #4 came out of the seeded to wander between the area, and the television room.  te observation, Individual #4 nctional activity for a total of 41	W .	196			
	minutes (went for a dishes, and used th	walk, ate lunch, bussed his ne restroom).					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G014	B. WII	۱G_	,	11/09	9/2009
	ROVIDER OR SUPPLIER ROW'S HOPE - ARMG	A		1	REET ADDRESS, CITY, STATE, ZIP CODE 2306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	stated during interv 3:45 p.m., formal aridentified in his IPP Assessment should The QMRP stated anervous.  4. Individual #5's IP a 33 year old male mental retardation, disorder, and anxie Observations were 11/3/09 and 11/4/09 minutes during the results:  a. An observation w 1:50 - 2:47 p.m. Downs not observed to meaningful activity  1:50 - 1:55 p.m.: Incomedication room.  1:58 - 2:11 p.m.: Incomedication room, hoted to wander arche was noted to pictable in the televisic wander around the	the observation, the QMRP iew on 11/6/09 from 1:50 - and informal training as and Medical and Social if have been implemented. She believed the staff were and P, dated 9/4/09, documented diagnosed with profound intermittent explosive ty disorder.  Conducted at the facility on 9 for a cumulative 4 hours 23 day shift with the following was conducted on 11/3/09 from uring that time, Individual #5 o participate in skill-building or as follows:	W	196	-		
		coat from his bedroom, which					

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ,			(X3) DATE SURVEY COMPLETED	
	13G014	B. WI	VG_	· · · · · · · · · · · · · · · · · · ·	11/0	9/2009
ROVIDER OR SUPPLIER	Α		′	12306 WEST ARMGA DRIVE		
(EACH DEFICIENCY	' MUST BE PRECEDED BY FULL	PREFIX TAG		(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
he did. He returned adjusted his coat. It 2:17 p.m., when he He was noted to sit accompaniment.  2:23 - 2:30 p.m.: Inc. He went to the living times, and then profacility. At 2:25 p.m. put a shirt on a hang seconds). Individual around the facility.  2:30 - 2:43 p.m.: Inc. trade in his paper to reinforcer cabinet at He took the radio to door.  2:43 - 2:47 p.m.: Inc. kitchen. With verbal of peanut butter and them on the counter while a sandwich. At 2:45 gand ate his sandwich to get a glass of mill and sat at the table, noted to be prompte hands or assist in puring the 57 minut was engaged in functional trade in the minutes 40 seconds	d to the dining area where staff He wandered in the area until went outside in the back yard. on the swing with staff  dividual #5 returned inside. g room, spit on the floor two ceeded to wander around the h, he was verbally prompted to ger, which he did (10 al #5 proceeded to wander  dividual #5 was prompted to okens. Staff unlocked the nd Individual #5 chose a radio. his bedroom and closed the dividual #5 came in to the all prompting, he obtained a jar d a butter knife and placed of (30 seconds). He stood at staff person made him a o.m., he sat at the dining table wh. He was verbally prompted k, which he did. He returned drinking his milk. He was not ed or encouraged to wash his reparing his snack.  e observation, Individual #5 ctional activity for a total of 19 is (administration of	W	196			
When asked about	the observation, the QMRP					
	ROVIDER OR SUPPLIER ROW'S HOPE - ARMG  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa he did. He returned adjusted his coat. I 2:17 p.m., when he He was noted to sit accompaniment.  2:23 - 2:30 p.m.: Ind He went to the living times, and then pro facility. At 2:25 p.m. put a shirt on a han seconds). Individua around the facility.  2:30 - 2:43 p.m.: Ind trade in his paper to reinforcer cabinet a He took the radio to door.  2:43 - 2:47 p.m.: Ind kitchen. With verba of peanut butter and them on the counter the counter while a sandwich. At 2:45 g and ate his sandwict to get a glass of mil and sat at the table, noted to be prompte hands or assist in p  During the 57 minut was engaged in fun minutes 40 seconds medications, swingi ate his snack).	ROW'S HOPE - ARMGA  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 15 he did. He returned to the dining area where staff adjusted his coat. He wandered in the area until 2:17 p.m., when he went outside in the back yard. He was noted to sit on the swing with staff accompaniment.  2:23 - 2:30 p.m.: Individual #5 returned inside. He went to the living room, spit on the floor two times, and then proceeded to wander around the facility. At 2:25 p.m., he was verbally prompted to put a shirt on a hanger, which he did (10 seconds). Individual #5 proceeded to wander around the facility.  2:30 - 2:43 p.m.: Individual #5 was prompted to trade in his paper tokens. Staff unlocked the reinforcer cabinet and Individual #5 chose a radio. He took the radio to his bedroom and closed the door.  2:43 - 2:47 p.m.: Individual #5 came in to the kitchen. With verbal prompting, he obtained a jar of peanut butter and a butter knife and placed them on the counter (30 seconds). He stood at the counter while a staff person made him a sandwich. At 2:45 p.m., he sat at the dining table and ate his sandwich. He was verbally prompted to get a glass of milk, which he did. He returned and sat at the table, drinking his milk. He was not noted to be prompted or encouraged to wash his hands or assist in preparing his snack.  During the 57 minute observation, Individual #5 was engaged in functional activity for a total of 19 minutes 40 seconds (administration of medications, swinging, listened to the radio, and	ROVIDER OR SUPPLIER  ROW'S HOPE - ARMGA  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 15  he did. He returned to the dining area where staff adjusted his coat. He wandered in the area until 2:17 p.m., when he went outside in the back yard. He was noted to sit on the swing with staff accompaniment.  2:23 - 2:30 p.m.: Individual #5 returned inside. He went to the living room, spit on the floor two times, and then proceeded to wander around the facility. At 2:25 p.m., he was verbally prompted to put a shirt on a hanger, which he did (10 seconds). Individual #5 proceeded to wander around the facility.  2:30 - 2:43 p.m.: Individual #5 was prompted to trade in his paper tokens. Staff unlocked the reinforcer cabinet and Individual #5 chose a radio. He took the radio to his bedroom and closed the door.  2:43 - 2:47 p.m.: Individual #5 came in to the kitchen. With verbal prompting, he obtained a jar of peanut butter and a butter knife and placed them on the counter (30 seconds). He stood at the counter while a staff person made him a sandwich. At 2:45 p.m., he sat at the dining table and ate his sandwich. He was verbally prompted to get a glass of milk, which he did. He returned and sat at the table, drinking his milk. He was not noted to be prompted or encouraged to wash his hands or assist in preparing his snack.  During the 57 minute observation, Individual #5 was engaged in functional activity for a total of 19 minutes 40 seconds (administration of medications, swinging, listened to the radio, and ate his snack).	ROVIDER OR SUPPLIER ROW'S HOPE - ARMGA  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 15 he did. He returned to the dining area where staff adjusted his coat. He wandered in the area until 2:17 p.m., when he went outside in the back yard. He was noted to sit on the swing with staff accompaniment.  2:23 - 2:30 p.m.: Individual #5 returned inside. He went to the living room, spit on the floor two times, and then proceeded to wander around the facility. At 2:25 p.m., he was verbally prompted to put a shirt on a hanger, which he did (10 seconds). Individual #5 proceeded to wander around the facility.  2:30 - 2:43 p.m.: Individual #5 was prompted to trade in his paper tokens. Staff unlocked the reinforcer cabinet and Individual #5 chose a radio. He took the radio to his bedroom and closed the door.  2:43 - 2:47 p.m.: Individual #5 came in to the kitchen. With verbal prompting, he obtained a jar of peanut butter and a butter knife and placed them on the counter (30 seconds). He stood at the counter while a staff person made him a sandwich. At 2:45 p.m., he sat at the dining table and ate his sandwich. He was verbally prompted to get a glass of milk, which he did. He returned and sat at the table, drinking his milk. He was not noted to be prompted or encouraged to wash his hands or assist in preparing his snack.  During the 57 minute observation, Individual #5 was engaged in functional activity for a total of 19 minutes 40 seconds (administration of medications, swinging, listened to the radio, and ate his snack).	ROVIDER OR SUPPLIER ROW'S HOPE - ARMGA  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFIDIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 15  he did. He returned to the dining area where staff adjusted his coat. He wandered in the area until 2:17 p.m., when he went outside in the back yard. He was noted to sit on the swing with staff accompaniment.  2:23 - 2:30 p.m.: Individual #5 returned inside. He went to the living room, spit on the floor two times, and then proceeded to wander around the facility. At 2:25 p.m., he was verbally prompted to put a shirt on a hanger, which he did (10 seconds). Individual #5 proceeded to wander around the facility.  2:30 - 2:43 p.m.: Individual #5 came in to the kitchen. With verbal prompting, he obtained a jar of peanut butter and a butter knife and placed them on the counter (30 seconds). He stood at the counter while a staff person made him a sandwich. At 2:45 p.m., he sat at the dining table and ate his sandwich. He was rot noted to be prompted on encouraged to wash his hands or assist in preparing his snack.  During the 57 minute observation, Individual #5 was engaged in functional activity for a total of 19 minutes 40 seconds (administration of medications, swinging, listened to the radio, and ate his snack).	TOURISH OF CORRECTION    13G014   11/0    11/0

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI		NG		
		13G014	D, 9911	•••		11/09	9/2009
NAME OF PROVIDER OR S		6A		1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, 1D 83642		
PREFIX (EACH D	DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
3:45 p.m., opportunity individuals all activitie their abilitii informal transportunity information in the	ng interval all staff I y is a lead should it is of daily es." The aining as ind Social emented in estaff we exation we have a a.m.: In went in he came a facility.  I a.m.: In went in he came a facility.  I a.m.: In went in he came a facility.  I a.m.: In it in a me. In in a me. In it in a	riew on 11/6/09 from 1:50 - mad been trained that "Every rning opportunity and be encouraged to participate in r living to the fullest extent of QMRP stated formal and identified in his IPP and Assessment should have The QMRP stated she were nervous.  The QMRP stated she were nervous.  The QMRP stated she were nervous.  The QMRP stated on 11/4/09 from uring that time, Individual #5 to participate in skill-building or as follows:  dividual #5 was noted to be in He was verbally prompted to and wash his hands, which he he was verbally prompted to r and go to the medication dividual #5 took his  dividual #5 left the medication is bedroom with a staff. At e out of his room and wandered dividual #5 sat at the dining a serving of oatmeal in his	W	196			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SI COMPLE	
		13G014	B. WIN	IG		11/0	9/2009
	PROVIDER OR SUPPLIER	6A	•	1:	EET ADDRESS, CITY, STATE, ZIP CODE 2306 WEST ARMGA DRIVE IERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
W 196	8:04 - 8:44 a.m.: In	dividual #5 came out of his	W	196			
	facility.  8:44 - 9:00 a.m.: In the television platforms: 8:46 a.m., a staff wentrance such that the room. At 8:59 and spit on the floor around the room.  During the 1 hour 2 Individual #5 was efor a total of 25 min	dividual #5 was noted to lay on orm in the television room. At as noted to place a chair in the Individual #5 could not leave a.m., Individual #5 stood up or two times, then wandered to minute observation, engaged in functional activity nutes (administration of teakfast, and changed his		,			
	stated during interv 3:45 p.m., formal a identified in his IPP Assessment should The QMRP stated nervous.	the observation, the QMRP riew on 11/6/09 from 1:50 - nd informal training as and Medical and Social have been implemented, she believed the staff were was conducted on 11/4/09 from p.m. During that time					
	Individual #5 was n skill-building or me: 11:24 - 11:28 a.m.: wandering around to 11:28 - 11:35 a.m.: prompted to go to t	p.m. During that time, ot observed to participate in aningful activity as follows:  Individual #5 was noted to be the facility.  Individual #5 was verbally he living room and sit at the red game, which he did. He was					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SI COMPLE	
		13G014	B. WI	NG_		11/0	9/2009
	ROVIDER OR SUPPLIER	A		1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	around the facility.  11:35 - 11:43 a.m.: 11:30 a.m. He was his game piece 3 sy which he did. He who board and put it in it proceeded to wand kitchen, and dining 11:43 - 11:45 a.m.: of water with verbal the medication room 11:45 a.m 12:04 the medication room around the facility. to spit on the floor it continued to wande 12:04 - 12:07 p.m.: go outside and swimbe did.  12:07 - 12:11 p.m.: inside and stood in p.m., he was verbal milk on the dining to the television of the room. At 12:10 take plates, utensils table in the living room the items on the table then continued to wander around the swander around the swa	He returned to the table at everbally prompted to move paces on the game board, was noted to fold the game ts box. He stood and er between the living room, area.  Individual #5 obtained a glass prompts, and then went in to m.  p.m.: Individual #5 came out of m and proceeded to wander At 11:52 a.m., he was noted in the foyer area, then	W	196			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G014	B. WIN	1G_		11/0	9/2009
	ROVIDER OR SUPPLIER	A		1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	table by staff.  12:17 - 12:32 p.m.: place a serving of n dog, fruit cocktail, a proceeded to eat lu prompted or encour assist in preparing to 12:32 - 12:35 p.m.: have finished his lukitchen sink and the with verbally promp 12:35 - 12:38 p.m.: bathroom and proceedity.  12:38 - 12:47 p.m.: assisted to wipe his continued to wande 12:47 - 12:50 p.m.: in the television roo staff person was no about his favorite ac establishments and piece of paper for h During the 86 minut was engaged in fun minutes (administrated table, and answ preferred activities as When asked about	Individual #5 was noted to nacaroni and cheese, a hot and yogurt on his plate. He nch. He was not noted to be raged to wash his hands or his lunch.  Individual #5 was noted to nch. He took his dishes to the en went in to the bathroom ting to do so.  Individual #5 came out of the edded to wander around the lindividual #5 was physically place at the table and then r.  Individual #5 sat at the table m, next to a staff person. The ted to ask him questions civities and eating wrote his responses on a im.  The observation, Individual #5 ctional activity for a total of 27 ction of medications, swinging, restroom, wiped his place at ered questions related to and eating establishments).	W	196			
	stated during intervi	ew on 11/6/09 from 1:50 -					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` ′		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI				
		13G014	B. WIN	IG_		11/0	9/2009
	PROVIDER OR SUPPLIER ROW'S HOPE - ARMG	iA		1	REET ADDRESS, CITY, STATE, ZIP CODE 2306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION OATE
W 196	3:45 p.m., The QM training as identified Social Assessment implemented. The the staff were nerved 5. Refer to W249 a failure to ensure earnd services consist 483.440(d)(1) PRO As soon as the interformulated a client each client must retreatment program interventions and sand frequency to si	RP stated formal and informal d in his IPP and Medical and should have been QMRP stated she believed	w:			ntaton. ected to y y prorgams to eatment.	
	Based on observat interviews it was de ensure each individuals (Individual IPPs and training presulted in individual specified in their IP  1. Individual #1's IP a 27 year old femal mental retardation, left hemiparesis.  a. Individual #1's flutal interviews in the service in	is not met as evidenced by: ion, record review, and staff etermined the facility failed to dual received training and with their IPPs for 4 of 5 uals #1, #2, #4 and #5) whose rograms were reviewed. This als not receiving training as Ps. The findings include: PP, dated 7/8/09, documented the diagnosed with profound autism, seizure disorder, and uid intake program, dated the were to offer her fluids		,	Observations to be made by Para Q Program Director, and other profess at least weekly using PSRs. Correct made immediately with staff. PSRs reviewed during Monthly QA review QMRP respondible by 12/11/09	ional staff ions to be to be	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
	, 001112011011	IDENTIFICATION NOTICE	A. BUILDING		001111 22		
***		13G014	B. WIN	IG		11/0	9/2009
	ROVIDER OR SUPPLIER ROW'S HOPE - ARMG	A		1:	REET ADDRESS, CITY, STATE, ZIP CODE 2306 WEST ARMGA DRIVE TERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		ULD 8E	(X5) COMPLETION DATE
W 249	throughout the day  During observations cumulative 4 hours shift, Individual #1 vi fluids. Individual #1 not implemented as b. Individual #1's hydated 7/22/09, stated wash her hands at a During an observation. Individual #1 vi Staff were not observation. Individual #1 vi Staff were not observation. Individual #1 vi shygiene hand with the wash her hands price to be undividual #1's bygiene hand with the wash her hands price to wash her hands price to wash her hands price to be undividual #1's bygiene hand with the wash to be offered minutes to encourage to buring observations cumulative 4 hours shift, Individual #1 vi join in activities. He was not noted to be d. Individual #1's ea	to prevent constipation.  s on 11/3/09 and 11/4/09 for a 23 minutes during the day was not noted to be offered I's fluid intake program was swritten.  giene hand washing program, ed staff were to cue her to appropriate times.  son on 11/3/09 from 4:30 - 5:30 was observed to eat dinner. rved to cue Individual #1 to or to the meal.  son on 11/4/09 from 11:26 - all #1 was observed to eat ot observed to cue Individual ds prior to the meal. Individual washing program was not ten.  silly Living Skills program, I staff were to cue her to join out the day. Additionally, her dule, dated 10/09, showed ed activities every 15 to 20 ge her to socialize.  s on 11/3/09 and 11/4/09 for a 23 minutes during the day was not noted to be cued to er Daily Living Skills program implemented as written.	W	249			
		ting program, dated 7/22/09, sit next to her. Further, her					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G014	B. WII	3. WING 11/09/20		9/2009	
	ROVIDER OR SUPPLIER	A		12	EET ADDRESS, CITY, STATE, ZIP CODE 2306 WEST ARMGA DRIVE BERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 249	Daytreatment Sche eating program was meals.  During an observat - 12:50 p.m., Individual staff were not reduced in Individual staff high in Individual staff high in Individual staff high in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were used in Individual staff her left hand and er such as dancing, were staff high staff her left hand and er such as dancing, were staff high staff high staff high staff hand and er such as dancing, were staff high staff	dule, dated 10/09, showed her is to be implemented during all son on 11/4/09 from 11:26 a.m. dual #1 was noted to eat lunch noted to sit next to her. It is program was not itten.  Coupational Therapy program, it staff were to encourage her including be cued to reach uprives throughout the day.  Son 11/3/09 and 11/4/09 for a 23 minutes during the day was not noted to be her left hand. Her apy program was not noted to written.  Lysical Therapy program, dated were to encourage her to use agage her in a physical activity alking, and exercising.  Son 11/3/09 and 11/4/09 for a 23 minutes during the day was not noted to be her left hand or engage in the left hand or engage in the Physical Therapy program implemented as written.  MRP stated during an of from 1:50 - 3:45 p.m., staff the above noted objectives then and when opportunities	W:	249			

	r OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		13G014	B, Wit			11/0	9/2009	
	ROVIDER OR SUPPLIER	A	<b>L</b>	1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		3,2000	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 249	a 27 year old male mental retardation, Alcohol Syndrome, a. Individual #2's coupdated 7/14/09, st questions and offer allowing him the op The program stated to communicate.  On 11/3/09 at 2:43 Individual #2 toast a not respond. The sthe offer. Individual was not implemented baytreatment Schewas to be offered s Individual #2 was not choices.  On 11/4/09 at 8:33 a bowl of oatmeal. was not noted to recommunication prowritten.  During the remaind conducted at the fafor a cumulative 4 h day shift, staff were Individual #2's comb. Individual #2's eastated staff were to when eating. Addit	P, dated 3/26/09, documented diagnosed with moderate autism, cerebral palsy, Fetal and seizure disorder.  Immunication program, ated staff were to ask him items throughout the day, portunity to say yes or no. If he required multiple prompts in the required as written. Further, his dule, dated 10/09, stated he everal choices of snacks. The staff peat the offer. Individual #2's gram was not implemented as in the observations cility, on 11/3/09 and 11/4/09 hours 23 minutes during the not observed to implement munication program.  Individual #2 was offered as in the observed to implement munication program.  Individual #2 was offered as in the observed to implement munication program.	W	249				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
13G014		B. WIN	۱G_		11/09/2009		
NAME OF PROVIDER OR SUPPLIER  TOMORROW'S HOPE - ARMGA				1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG			ID PREFIX TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
W 249	next to him whenever the program.  During an observation of the program of the pr	er he ate.  Ion on 11/4/09 from 11:24 a.m. dual #2 was observed to eat obted to sit across the table. Individual #2's eating program ed as written.  e-vocational skills program, distaff were to use verbal cues observations conducted at the ind 11/4/09 for a cumulative 4 uring the day shift, staff were olement Individual #2's program.  eysical therapy program, dated f were to encourage him to go his Daytreatment Schedule, he was to be encouraged to sal activities. During included at the facility on 11/3/09 umulative 4 hours 23 minutes staff were not observed to all #2's physical therapy  MRP stated during an offern 1:50 - 3:45 p.m., staff the above noted objectives iten and when opportunities res.  P, dated 9/11/09, documented diagnosed with profound	W	249			

CENTERO I OR WEDIOARE & WEDIOARD CER									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVI			
		13G014	B. WII	NG_	bit of the Mileston A. L. Canada and C.	11/09	9/2009		
NAME OF PROVIDER OR SUPPLIER  TOMORROW'S HOPE - ARMGA					REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
W 249	Continued From pa	age 25	W	249					
		stated staff were to cue him o wipe his hands or face during							
	p.m., Individual #4 A napkin was offer	tion on 11/3/09 from 1:50 - 2:47 was observed to eat a snack. ed to him upon completion. kin use program was not litten.							
	- 12:50 p.m., Individunch. He was not	tion on 11/4/09 from 11:24 a.m. dual #4 was observed to eat consistently prompted to use ual #4's napkin use program ed as written.							
'	dated 9/24/09, stat	ating skills program for pacing, ed if he attempted to put food e finishing the previous bite, im to slow down.							
	p.m., Individual #4 snack with no pron	tion on 11/3/09 from 1:50 - 2:47 was observed to rapidly eat his nots to slow down. Individual n was not implemented as							
	- 12:50 p.m., Individual rapidly eat lunch with	tion on 11/4/09 from 11:24 a.m. dual #4 was observed to ith no prompts to slow down. ng program was not itten.							
	9/11/09, stated stat	ommunication program, dated ff were to ask him to sign food pened the refrigerator.							
		s conducted at the facility on 9 for a cumulative 4 hours 23							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	13G014		B. WII			11/09/2009	
NAME OF PROVIDER OR SUPPLIER  TOMORROW'S HOPE - ARMGA					TREET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE	L	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORREC  (EACH CORRECTIVE ACTION SHO  CROSS-REFERENCED TO THE APPR  DEFICIENCY)	ULD BE	(X6) COMPLETION DATE
W 249	minutes during the noted to periodically refrigerator door (nowandering through noted to ask him to #4's communication implemented as writed. Individual #4's hystated staff were to appropriate times.  During an observation, Individual #4's hygical implemented as writed. Individual #4's hygical implemented as writed. Staff were not observationally an observationally 12:50 p.m., Individual #4 implemented as writed. Individual #5's IP a 33 year old male of mental retardation, disorder, and anxietal. Individual #5's inal.	day shift, Individual #4 was a open and close the bless than 4 times) while the kitchen. Staff were not sign food or drink. Individual a program was not tten.  The giene program, dated 9/24/09, cue him to wash his hands at son on 11/3/09 from 1:50 - 2:47 was observed to eat a snack. The red to cue Individual #4 to or to, or following, his snack. The program was not tten.  The program was not tten.	W	249			

OLIVIERO I OTTIMEDIOTRE		MEDIOTALE STREET, AND SELECTION					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
13G014		13G014	B. WII	<b>V</b> G	THE STATE OF THE S	11/09/2009	
NAME OF PROVIDER OR SUPPLIER  TOMORROW'S HOPE - ARMGA				1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE		
		-		_ n	MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 249	Continued From pa	ge 27	w:	249			
	in the garbage rath	er than other places.					
	11/3/09 and 11/4/09 minutes during the noted to spit on the Staff were not note spit in the garbage	s conducted at the facility on 9 for a cumulative 4 hours 23 day shift, Individual #5 was floor no less than 4 times. d to prompt Individual #5 to can. Individual #5's ng program was not itten.					
	9/4/09, stated staff when they prompte	gn language program, dated were to use simple signs d him throughout the day, and id with sign when asked a choices.					
	11/3/09 and 11/4/09 minutes during the verbally prompt Ind shirt on a hanger, to peanut butter, get a bathroom, get wate sit at the table, and were not noted to uprompted him. India	s conducted at the facility on 9 for a cumulative 4 hours 23 day shift, staff were noted to ividual #5 to get his coat, put a rade in tokens, obtain a jar of a glass of milk, go to the er, go to the medication room, move a game piece. Staff is e simple signs when they ividual #5's sign language applemented as written.					
	stated staff were to was noted to eat a milk on 11/3/04 at 2 11/4/09 at 7:52 a.m not noted to sit nex	ating program, dated 9/21/09, sit next to him. Individual #5 peanut butter sandwich with 2:43 p.m., and oatmeal on During that time, staff were to him. Individual #5's eating applemented as written.					
		ating pacing self program, d staff were to sit next to him					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		13G014		B. WING		11/09/2009	
NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	11/0	312003
TOMORE	ROW'S HOPE - ARMG	Α		1	2306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 249	before taking a seconoted to eat a pean on 11/3/04 at 2:43 pat 7:52 a.m. During noted to sit next to pacing self program written.  When asked, the Quinterview on 11/6/09 were to implement and services as wripresented themselv. The facility failed to implemented as wripresented themselv. The facility failed to implemented as wripresented themselv. As 3.460(m)(2)(ii) Direction The facility must recontainers with word the facility for its stand #5.  Based on observating determined the facility for its stand #3) residing the potential for indirection as ordefindings include:  1. On 11/4/09 at 8:1 noted to place a table of the potential for indirection as ordefindings include:	llowed food in his mouth ond bite. Individual #5 was ut butter sandwich with milk o.m., and oatmeal on 11/4/09 of that time, staff were not him. Individual #5's eating in was not implemented as MRP stated during an earn of from 1:50 - 3:45 p.m., staff the above noted objectives tten and when opportunities wes for Individuals #1, #2, #4, RUG LABELING move from use drug in, illegible, or missing labels.  Is not met as evidenced by: on and staff interviews, it was lity failed to ensure drug sing labels were removed 2 of 6 individuals (Individuals at the facility. This resulted in ividuals to not be administered red by their physician. The	. W:			24/09 e need to e proper e to check nent and uring shift ire met. cation	
		nere was no identifying pottle. When asked, the staff					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G014	B. WING _		11/09/2009	
	ROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 2306 WEST ARMGA DRIVE MERIDIAN, ID 83642	1170072000	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
W 391	locate the box which name or pharmacy  Additionally, on 11/was noted to apply for acne) 1% to his no identifying inform When asked, the smedications was uncontained Individual label.  When asked, the Lon 11/6/09 from 1:5 information for the medication would be At 12:41 p.m., the I identifying informat pharmacist was on	th medications was unable to the contained Individual #2's label.  4/09 at 7:15 a.m., Individual #3 Clindamycin (a topical lotion face. It was noted there was nation on the bottle of lotion. taff person assisting with nable to locate the box which al #3's name or pharmacy  PN stated during an interview 50 - 3:45 p.m., identifying topical treatment and be obtained that day (11/4/09). PN returned with the ion and stated the regular vacation and the fill-in t aware of the need to identify	W 391			
W 455	medications contain information. 483.470(I)(1) INFERM There must be an aprevention, control, and communicable. This STANDARD is Based on observation determined the faction control procedures control infection and	active program for the and investigation of infection	W 455	W455 Staff trained on infection control protocols. Nurse to review survey will discuss what corrective actions needed done to ensure proper hygiene and in control protocol.  Nurse responsible by 11/24/09  Staff to be trained on a continuum by Para Q and QMRP. Training to occur weekly observations and on floor train Observations to be added to PSR. PS reviewed during monthly QA reviews.	th staf to d to be ifection  / nurse, during ing. iRs to be	
ORM CMS-25	667(02-99) Previous Versions	Obsolete Event ID: EXC711	Fa	cility ID: 13G014 If contin	nuation sheet Page 30 of 32	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		13G014	B. WIN	NG		11/09	3/2009	
	ROVIDER OR SUPPLIER ROW'S HOPE - ARMG	A		1:	EET ADDRESS, CITY, STATE, ZIP CODE 2306 WEST ARMGA DRIVE			
				M	IERIDIAN, ID 83642			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION OATE	
W 455	and #5) residing in potential to provide cross-contaminatio impact individuals!  1. On 11/4/09 at 8: was noted to be dri his left hand and wi such that it covered offered a tissue. The assistance, he used his left hand to fashion such that it was not offered a tihand assistance, he (Nasacort). He left a.m.  It was noted the two Individual #2's med sanitized. Neither I noted to wash their When asked, the Conterview on 11/6/09 Individual #2 should and both Individual washed their hands	the facility. This had the opportunities for n to occur and negatively health. The findings include:  15 a.m., Individual #2's nose pping. He was noted to use pe it in a downward fashion this lips and chin. He was not nen using hand over hand this inhaler (Advair).  second time, and again, he owipe it in a downward covered his lips and chin. He saue. Then using hand over the used his nasal spray the medication room at 8:33 to treatments were put back in ication bin without being ndividual #2 nor the staff were hands.  MRP stated during an offered a tissue #2 and the staff should have	W	455				
	11/3/09 and 11/4/09 minutes during the breakfast, lunch, ar observed. Individua	of for a cumulative 4 hours 23 day shift. During that time, and afternoon snack were als #1, #2, #4, and #5 were not ed or encouraged to wash						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			JRVEY TED
13G014		B. WIN	B. WING			11/09/2009	
NAME OF PROVIDER OR SUPPLIER  TOMORROW'S HOPE - ARMGA				1	REET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642	11350	J. 2200
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	REFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
W 455	When asked, the Contention of the Interview on 11/6/09 individuals should be encouraged to was 3. On 11/4/09 at 7:30 observed taking his that he dropped his With a verbal promission of the two When asked, the simedications stated the floor, the individuals was nervous and with medication and call 4. On 11/6/09 from 1:50 was nervous and with a verbal promission, added it to his medications (that with a verbal promission, added it to his medications (that with the floor, the individuals when asked, the simedications and call the floor, the individuals was nervous and with medication and call the floor of the individuals of the Individ	MRP stated during an 9 from 1:50 - 3:45 p.m., all have been prompted or h their hands prior to eating.  15 a.m., Individual #3 was a medications. It was noted a Century Vitamin on the floor. pt, he picked it up from the spill cup, and then took his were in the pill cup) with water.  15 a.m. and then took his were in the pill cup, with water.  15 a.m. and then took his were in the pill cup with water.  16 a.m. and then took his were in the pill dropped on the floor and take it.  17 a.m., Individual #5 was a medications. It was noted a Dairy Relief pill on the floor. pt, he picked it up from the spill cup, and then took his were in the pill cup) with water.  18 a.m. and then took his were in the pill cup with water.  19 a.m. and then took his were in the pill cup with water.  19 a.m. and then took his were in the pill cup with water.  10 a.m. and then took his were in the pill cup with water.  11 a.m. and then took his were in the pill cup and take it.  12 a.m. and then took his were in the pill cup and take it.  13 a.m. and	W	1455			

PRINTED: 11/18/2009 FORM APPROVED **Bureau of Facility Standards** STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 13G014 11/09/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE TOMORROW'S HOPE - ARMGA MERIDIAN, ID 83642 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) MM212 16.03.11.075.17(a) Maximize Developmental MM212 MM212 Refer to W195, W196, and W249 **Potential** The treatment, services, and habilitation for each resident must be designed to maximize the developmental potential of the resident and must be provided in the setting that is least restrictive of the resident's personal liberties; and This Rule is not met as evidenced by: Refer to W195, W196, and W249. MM380 16.03.11.120.03(a) Building and Equipment MM380 MM380 All deficiencies to be repaired, cleaned, or replace as need to meet requirements. The building and all equipment must be in good Para Q and Maintenance responsible repair. The walls and floors must be of such by 12/11/09 character as to permit frequent cleaning. Walls Maintenance list to inloude the difficiencies and and ceilings in kitchens, bathrooms, and utility Para O and/or Maintenance to review at least rooms must have smooth enameled or equally monthly. Maintenance list to be reivewed at washable surfaces. The building must be kept Monthly QA and corrections needed added to clean and sanitary, and every reasonable action list to be followed up on by next QA precaution must be taken to prevent the entrance of insects and rodents. Para Q and Maintenance responsible by This Rule is not met as evidenced by: 12/11/09 Based on observation, it was determined the facility failed to ensure the facility was kept clean and in good repair, and every reasonable precaution was taken to prevent the entrance of

RECEIVED 1. During an environmental assessment on 11/5/09 from 3:33 - 4:28 p.m., the following

DEC 0'1 2009

FACILITY STANDARDS

Bureau of Facility Standards

include:

issues were noted:

Living Room:

windows.

Thair Pond, Administrator

11/24/09

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

- A panel of the wood flooring was noted to move

- The screens were pulled away from the

insects for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the environment being kept in ill-repair. The findings

**Bureau of Facility Standards** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B, WING 13G014 11/09/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 12306 WEST ARMGA DRIVE TOMORROW'S HOPE - ARMGA MERIDIAN, ID 83642 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM380 MM380 Continued From page 1 back and forth; it was not secured to the floor. Television room: The screens were pulled away from the windows. - The wall nearest to the medication room had areas of missing paint. Kitchen: - There were three cookie sheets that contained baked-on grease. - The toaster contained food debris and was noted to be greasy. Individual #1's Bedroom: - The top left drawer was missing from her dresser. Individual #2 and #4's Bedroom: The screen was pulled away from the window. Individual #2's hygiene kit contained spilled shampoo. Back Bathroom: The floor vent contained rust. - The left side of the floor vent was noted to be pushed under the vinyl flooring. - The blue floor rug contained a 6 inch tear. MM512 MM512 16.03.11.200 Administration MM512 Refer to W100 The administration of ICF/MR facilities must provide for individual program planning, implementation and evaluation. Individual programs must be based on relevant assessment of needs and problems and must reflect the participation of the individual, the service providers, and where possible, the individual's

Bureau of Facility Standards

family or surrogate. Individual program planning must include provisions for total program

Bureau of Facility Standards								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			13G014		B. WING_		11/09/2009	
	NAME OF P	ROVIDER OR SUPPLIER	MACO.	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
,	TOMORE	ROW'S HOPE - ARMO	<b>BA</b>		ST ARMGA N, ID 83642			
	(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
	MM512	coordination and co processes for revie Programming for in resident's legal righ care, training and to	ontinuous, self-correct w and program revisedividuals must incorp to of due process, ap	ion. corate the	MM512			
	MM758	The resident's med evaluated and mon registered nurse ar Such evaluations or thirty (30) days and well as action taker must be kept on file	(iv) Medication System fication system must incred on a regular band/or a licensed pharmust be done at least records of the evaluation to correct noted project by the facility adminer as evidenced by:	be asis by a nacist. every ation, as blems,	MM758	MM758 Refer to Tag W391		
	ММ769	Diseases and Infection Control of communithrough identification medical authorities	icable diseases and ion, assessment, repo and implementation ive and preventative	infections rting to	MM769	MM769: Refer to Tag-W455		

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